

APPLICATION FOR LICENSURE

All application materials must be in the Arkansas Board of Examiners office one (1) month prior to the registration deadline date given for the NCE or MFT examination.

Applicant must be a citizen of the United States or have a current green card issued by the U.S. Immigration Bureau documenting legal alien work status in the U.S.

___ Licensed Associate Counselor (LAC) ___ Associate Marriage & Family Therapist (AMFT)

___ Licensed Professional Counselor (LPC) ___ Marriage & Family Therapist (MFT)

(An application fee of \$200.00 must accompany the submission of this completed form.)

1. Name: _____ Date of Birth: _____

Name(s) on transcript(s) if different from #1: _____

Birthplace: _____

(City)

(County)

(State)

(Other)

United States Citizen: ___ YES ___ NO. If no, attach copy of current green card issued by U.S. Immigration Bureau, to document and verify legal alien work status in the U.S.

Social Security Number: _____

Current Residential Address:

Street (required): _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____

Residential: _____ Office: _____

Fax: _____ E-Mail: _____

2. Work Experience (cite most recent first):

<i>Position</i>	<i>Responsibilities</i>	<i>Supervisor</i>	<i>Dates</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Professional Training (cite most recent first):

<i>Dates</i>	<i>College/University</i>	<i>Specialization</i>	<i>Credential/Degree</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you intend to apply for a specialty designation? Yes: _____ No: _____

5. If Yes, please name the specialty: _____

6. Do you possess professional license(s) or certificate(s) issued by any state? Yes:___ No:___

7. If answer is yes, give license or certificate number(s), title(s), and states issuing license(s) or certificate(s):_____

8. Have you ever denied a license and/or certification? Yes _____No _____

9. If answer is yes, briefly state reasons:_____

10. Have you ever had your license or certificate revoked, canceled or suspended? Yes___No___

11. If answer is yes, state reasons:_____

12. Have you ever been convicted of a felony? Yes _____No _____

13. If answer is yes, please provide the following information:

Date of conviction:_____Where convicted:_____

Felony charge:_____

14. Current Employment Information

Primary Employment Setting:

Name of Employer:_____

Address:_____

Phone:_____

Setting: Independent private practice _____ School _____

Governmental agency _____ Non-profit organization _____

(Employed) private practice _____ Other (state type) _____

Secondary Employment Setting

Name of Employer:_____

Address:_____

Phone:_____

Setting: Independent private practice _____ School _____

Governmental agency _____ Non-profit organization _____

(Employed) private practice _____ Other (state type) _____

Name and degree of supervisor(s):_____

Position of supervisor(s):_____

Licensure status:_____

PLEASE READ CAREFULLY

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association **and/or** American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non- refundable.

I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.

I have read Act 593, Act 244 amendment, and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

Date _____ Signature of Applicant _____
(Application Packet valid for one year from this Date.)

Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached Prior to Notary Signature.

Attach photograph here

VERIFICATION OF APPLICATION

State of Arkansas

County of:_____

I, _____, Applicant for licensure, state upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature:_____

Subscribed and sworn to before me this _____ day of _____

Notary Public Signature:_____

My commission expires:_____

Seal: